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Summary

18th MEDCOM
Preventive Services Directorate
Building 5447, South Post
DSN: 736-3025

DNBI Update

Cold Weather and Injuries: What You Need to Know

Now that cooler weather is on the horizon, 18th MEDCOM is spearheading efforts to establish a cold weather injury (CWI) prevention program. Efforts are underway to educate commanders, soldiers and providers about these potentially life-threatening conditions that impact our readiness. Unit surgeons, preventive medicine sections, and all medical personnel serving in an advisory capacity to military units must take a proactive role in assuring that our leaders understand and support efforts to prevent cold weather injuries. Finally, provider reporting of CWIs is crucial for the assessment of prevention programs. A copy of the Reportable Events Worksheet is included at the end of this publication.

So What's the Big Deal?

Cold weather injuries have had tremendous impact on military campaigns and operations. Over 8,000 occurred in troops during the first year of the Korean War; proper protective measures decreased the numbers eight-fold the next year. Of the over 550 active duty soldiers who suffered CWIs during the 2001-2002 winter season, 15 were troops assigned to Korea. No location is immune; two CWIs occurred in troops treated at Tripler Army Medical Center in Hawaii.

Cold weather injuries occur in a spectrum from non-freezing to freezing injuries and then to general hypothermia. Detailed information on the diagnosis and treatment of CWIs will be posted on the 18th MEDCOM web page.



All patients suspected of having sustained a CWI should be reevaluated 48-72 hours after the injury. When possible, this should

be done by preventive medicine staff in order to ensure proper profiling and injury evaluation.

UPDATE: Apollo 11 Conjunctivitis

In late August the Korean peninsula was hit by a particularly virulent form of conjunctivitis that affected over 500,000 civilian school children and forced the closure of several schools.

Nicknamed the "Apollo 11" virus due to its first arising during the lunar landing, this illness has thus far had a limited effect on USFK service members and family members. To date, approximately 110 18th MEDCOM patient visits have been for conjunctivitis. The quick response by providers to isolate and treat these cases, in addition to promoting prevention measures, contributed greatly to these low numbers.

Currently the outbreak appears to be slowing. However, with the arrival of cold and flu season, other types of

Continued on page 4

Korean Hemorrhagic Fever

What is Korean Hemorrhagic Fever?

Korean Hemorrhagic Fever is a viral illness spread through the aerosolization of the urine and saliva of infected rats and mice. Humans can contract the disease if they inhale dust contaminated with infected rodent urine. Most USFK personnel who get this disease get it while training in the field.

Consequently, Preventive Medicine assets conduct rodent surveillance in these training areas to determine the infection rates of the rodents. Typically, infection rates range from <10% to >60%. The highest rates usually occur in the fall and winter seasons. Over the past two years, one case was reported for Dagmar North, LTA130 and FP 131 each. Of the sites surveyed, these typically have the

highest infection rates.

The disease is not spread from person to person. But because it is caused by a virus, there are no specific medications to treat the disease—just supportive therapy. Ribavirin is an ‘experimental use’ drug that is offered to soldiers that develop KHF. However, it appears to have little benefit if not given within 6-8 days after initial symptoms develop.

There’s good news and bad news about this disease. The bad news is that 1 in 10 USFK persons who get this disease die. The good news is that since 1986, on average, only 3 USFK persons a year get the disease. This is due to the limited use of those training sites during the peak transmission season.

What are the symptoms of KHF?

There are five phases to the disease; fever (3-7 days), low blood pressure (1-3 days), loss of urine output (3-7 days), excessive urine output (which signals

Continued on page 4

For Commanders: How to Prevent KHF During Field Training

- Rodent proof food, waste, and rubbish
- No food storage outside of mess facility
- Clear brush around bivouac site to include 20 meter outside perimeter
- Raised platforms for semi-permanent tents (18’)
- Remove wastes >1 km from site
- Personal hygiene (hand washing)
- Prompt cleaning of soiled clothing
- Wet-down roadways and helicopter landing sites when possible
- Prohibit use of vegetation for camouflage
- Do not use bivouac sites where previous cases occurred

OCT-DEC 2002

3 October

1400-1500, 121 Classroom

Weight Management Program

Need support to shed a few pounds—or more? 8-session program held Thursdays. For more information call 736-3029

3, 7, 10, 17 October

5, 7, 13, 20 November

5, 9, 12, 18 December*

Time, Location

AREA II Tobacco Cessation

Four-week program starts the first Thursday of every month (*except December due to holidays). To register, call 736-3029.

26 October

8:30AM, Collier Field House

Physical Therapy 5K Fun Run

Support your local Physical Therapist! No fee. Vest required.

28 October- 1 November

25-29 November

16-20 December

702nd MSB, Cp Casey

Field Sanitation Team Training

Reserve slots for your unit now!! For more information contact SSG Rivera at DSN 730-2078.

2-6 December

5th PM Detachment, Yongsan

Field Sanitation Team Training

Reserve slots for your unit now!! For more information call DSN 725-4929.

21 November

Great American Smokeout

Quitting is good for you!! For more information call 736-3029.

14 November or 12 December

Food Handlers Course

Learn proper food handling techniques. To register, contact SSG Rivera at DSN 730-2078.

Summary: Malaria

Malaria is a very high-profile illness here in Korea. The species present here is *Plasmodium vivax*, which causes a non-lethal and treatable disease which had been eradicated by the 1970's but returned in the mid-1990's. The parasite is not yet chloroquine-resistant, and with persistent emphasis on non-medicinal forms of prevention, it will remain so until it is again eradicated.

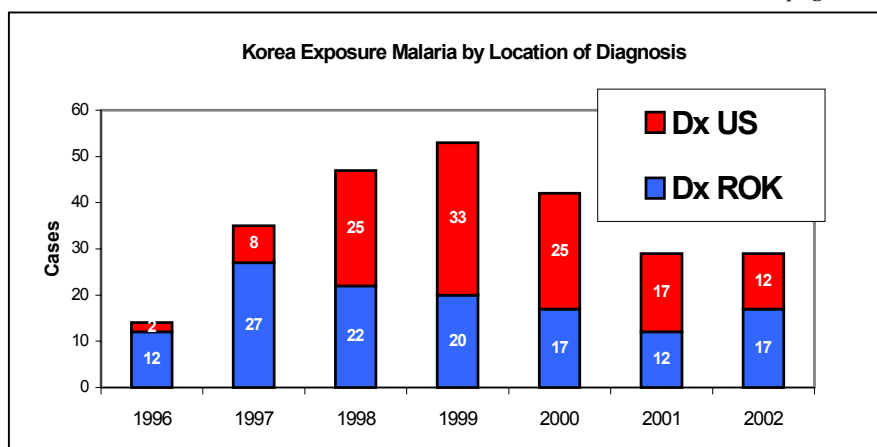
Malaria affects 8th US Army soldiers in a pattern very similar to Korean civilian and military populations but at a much smaller magnitude. While the total of malaria cases has remained constant from 2001 to SEP 2002, the number of 8th US Army soldiers diagnosed with malaria while in Korea increased this year over last year, and even more cases may occur.

contrast, during 2001, 8 (75%) of the cases diagnosed in Korea were felt to have been due to exposures that season. This suggests that fewer soldiers are being infected with the vivax malaria than in the previous year.

The current risks for developing malaria include assignment to or training in areas north of the Imjin River. Troops in these locations not practicing adequate personal protective measures are at the highest

risk for developing the disease. Such measures include wearing permethrin-treated BDUs with the sleeves long and pants tucked into boots, along with DEET application to exposed skin, avoiding the eyes and mouth. Soldiers must reapply the DEET throughout the evening according to package directions. Permethrin-treated bednets should also be used whenever possible to reduce exposure to biting insects while sleeping. Tents should be kept closed or screened. Aerosol

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Questions and Answers About Malaria

Q: If malaria here isn't so bad for you, why was my soldier kept in the hospital?

A: Persons ill with malaria are admitted overnight to prevent more mosquitoes from being infected with malaria. In addition, patients can be interviewed to find out how they may have contracted the disease. We also provide additional teaching, so they know what they and their unit can do to keep from getting it again.

Q: What's the best way to keep from getting malaria? We go to the field next month!

A: Preventing insect bites is the best way to keep from getting malaria.

1) Be sure you have 2 sets of permethrin-treated BDUs. 2) Use DEET on exposed skin to repel biting insects. The military formula is best, because it lasts longer. 3) Always wear your sleeves down and your pants tucked into your boots—not bloused. If you notice mosquitoes, DON'T change into shorts & T-shirt while resting. 4) Sleep under permethrin-treated bednets during mosquito season.

Q: I would like to find out if I've been infected. I feel well, but I PCS next month, and I don't want to bring this to my family.

A: The only test we have for malaria can only detect the disease in people who are ill with malaria. You can't give it to your family. The best thing to do is to seek medical care as soon

as possible if you develop a fever.

Be sure to tell your provider that you spent time in a country that has malaria.

Q: How do I know if I have malaria?

A: People with malaria typically feel very sick. They have high fevers, headache, sometimes stomach upset or diarrhea and often muscle aches. They feel well, but slightly tired, when the fevers subside. In 1-2 days, the fever recurs. This will continue until the person is treated.

Q: Aren't DEET and permethrin bad for you?

A: No. When used properly they are very safe—much safer than getting bitten by insects!!

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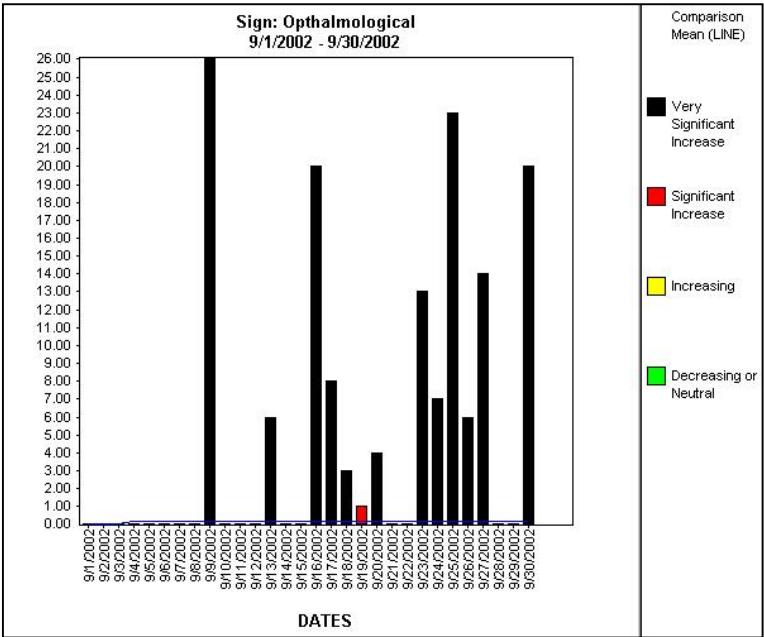
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Views and opinions expressed are not necessarily those of the 18th MEDCOM or the Department of the Army.

UPDATE: Apollo 11 Conjunctivitis

Continued from page 1



conjunctivitis will increase. The Korean Theater Health Surveillance System, an automated surveillance program that utilizes KG-ADS data to compile disease non-battle injury trends, is still demonstrating persistent increases in

ophthalmological patients visits by active duty troops. However, it is important to remember that this reflects ALL eye-related patient visits, and not merely conjunctivitis.

Malaria Summary

Continued from page 3

insecticides can be applied to kill mosquitoes. Lastly, these measures must be practiced during rest periods, not just work periods, in order to be effective.

For more information on permethrin, permethrin treatment of BDUs or other questions about how you can prevent malaria, call DSN 736-3025.

DEET: NSN 6840-01-284-3982
Permethrin: NSN 6840-01-345-0237

KHF

Continued from page 2

recovery), and convalescence (weeks to months).

Unfortunately this disease is often misdiagnosed in the early stages, as symptoms are very non-specific. Delayed diagnosis can limit the potential efficacy of ribavirin. Therefore, it is important for providers to be aware of this illness, and to consider it in the differential

diagnosis of febrile patients with recent field exposure. Serologic testing is available through the 121 Pathology Department.

Additional information on Korean Hemorrhagic Fever can be found at: <https://www.seoul.amedd.army.mil>. Click on Preventive Services (under 18th MEDCOM) in the left-hand column.

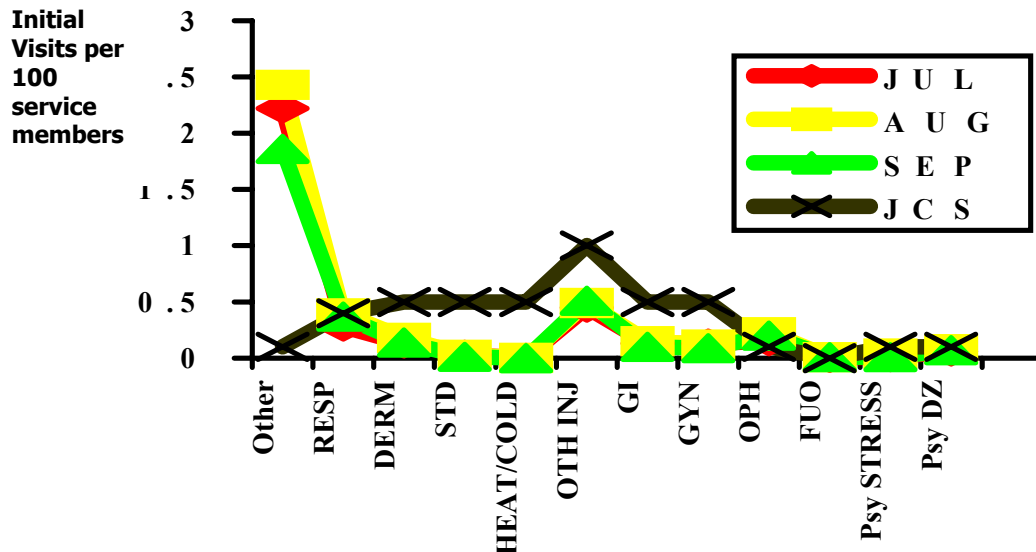
| COLD INJURY REPORT (See reverse side for Privacy Act Statement) | | | | | DATE | |
|--|------------------|---|---|---|--|------|
| NAME OF PATIENT | | GRADE (If Military) | SSN | AGE | SEX | RACE |
| ORGANIZATION AND STATION | | | STATUS <input type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN EMPLOYEE <input type="checkbox"/> CIVILIAN NON-EMPLOYEE <input type="checkbox"/> DEPENDENT (Include Name of Sponsor) | | | |
| BIRTHPLACE | | TIME IN <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> MORE THAN 6 MONTHS | | COLD WEATHER TRAINING <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| MEDICAL HISTORY | | | | | | |
| <div style="border: 1px solid black; padding: 2px;"> <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> YES NO </div> </div> | | <div style="border: 1px solid black; padding: 2px;"> <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> YES NO </div> </div> | | BODY PART INVOLVED IN PRIOR COLD INJURY | | |
| HYPERTENSION | | OTHER VASCULAR DISEASES | | | | |
| CONNECTIVE TISSUE DISEASE | | ANEMIA | | | | |
| CORONARY ARTERY DISEASE | | PRIOR COLD INJURY | | | | |
| DRUGS | | | | | | |
| <div style="border: 1px solid black; padding: 2px;"> <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> YES NO </div> </div> | | <div style="border: 1px solid black; padding: 2px;"> <div style="background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px); height: 10px; width: 100%;"></div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> YES NO </div> </div> | | OTHER DRUGS (Specify) | | |
| ALCOHOL | | SMOKES CIGARETTES | | | | |
| INTOXICATED | | MORE THAN 1 PACK PER DAY | | | | |
| SEDATIVE-NARCOTICS | | LESS THAN 1 PACK PER DAY | | | | |
| CONSCIOUS | | | | | | |
| INJURY | | | | | | |
| DATE OF INJURY | TIME FIRST NOTED | TEMPERATURE AT TIME OF INJURY | | WIND SPEED | DURATION OF EXPOSURE | |
| PLACE OF OCCURRENCE | | ACTIVITY DURING EXPOSURE <input type="checkbox"/> VIGOROUS <input type="checkbox"/> MODERATE <input type="checkbox"/> SEDENTARY <input type="checkbox"/> ON DUTY <input type="checkbox"/> OFF DUTY | | | | |
| BRIEF DESCRIPTION OF INJURY | | | | | | |
| Body Location of Injury and Estimate of Degree: _____ <div style="display: flex; justify-content: space-around; align-items: center;"> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> RIGHT Ear - R _____ L _____ Nose _____ </div> <div style="text-align: center;"> LEFT Other - _____ </div> </div> | | | | | | |
| CLOTHING | | | | | | |
| <input type="checkbox"/> GOVT ISSUE <input type="checkbox"/> CIVILIAN <input type="checkbox"/> ADEQUATE AND PROPERLY WORN <input type="checkbox"/> ADEQUATE BUT IMPROPERLY WORN <input type="checkbox"/> INADEQUATE | | | | | | |
| REMARKS | | | | | | |
| CLOTHING OF INJURED PART | | | | | | |
| <input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE <input type="checkbox"/> WET (List Agent Causing Wetness) <input type="checkbox"/> DRY | | | | | | |
| <input type="checkbox"/> NOT COVERED <input type="checkbox"/> DEFECTIVE | | | | | | |
| ACCOMPANYING INJURY | | | | | | |
| TYPE | | | LOCATION | | | |
| BRIEF DESCRIPTION | | | | | | |
| TREATMENT | | | | | | |
| THAWING TIME | | | | | | |
| METHOD | | | | | | |
| <input type="checkbox"/> RAPID REWARM (100-104° Immersion) <input type="checkbox"/> SPONTANEOUS THAWING | | | | | | |
| <input type="checkbox"/> OTHER EXTERNAL HEAT (List Type and Temperature) | | | | | | |
| MEDICAL FACILITY | | | | | NAME OF MEDICAL FACILITY (If Applicable) | |
| <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DISPENSARY <input type="checkbox"/> AID STATION <input type="checkbox"/> HOME <input type="checkbox"/> FIELD | | | | | | |
| TIME OF ARRIVAL AT MEDICAL FACILITY | | | | | DISPOSITION | |
| | | | | | <input type="checkbox"/> HOSPITAL <input type="checkbox"/> DUTY <input type="checkbox"/> OTHER (Specify) | |
| NAME, GRADE AND DUTY STATION OF PHYSICIAN | | | | | SIGNATURE | |
| | | | | | | |



DISEASE TRENDS

18th MEDCOM Reportable Events Program

Disease Non-Battle Injury Rates JUL-SEP 2002



This chart compares Disease Non-battle Injury rates among 18th MEDCOM active duty beneficiaries to the Joint Chiefs of Staff (JCS) recommended rates. 18th MEDCOM rates compare well with JCS recommendations. 'Other Medical/Surgical' rates are significantly higher; this likely reflects armistice health care maintenance that would not occur during hostilities.

Selected Reportable Events Incidence Summary JUL-SEP 2002

| Reportable Condition | Area I | Area II | Area III | Area IV | Totals |
|---------------------------------|--------|---------|----------|---------|--------|
| Trichomonas | NR | 2 | NR | NR | 2 |
| Chlamydia | 42 | 42 | 17 | 17 | 118 |
| Herpes simplex | 5 | 4 | 1 | NR | 10 |
| Gonorrhea | 10 | 7 | 10 | 8 | 35 |
| Syphilis | 0 | 0 | 0 | 0 | 0 |
| HIV | 0 | 0 | 0 | 0 | 0 |
| STD Totals | 57 | 55 | 28 | 25 | 165 |
| Tuberculosis (active disease) | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis (recent converter) | 44 | 61 | 23 | 3 | 131 |
| Heat Injury | 0 | 0 | 0 | 1 | 1 |
| Cold Injury | 0 | 0 | 0 | 0 | 0 |

NR=None Reported

Reported Events Summary, USFK: SEP 2002

| | Conditions | Sep 2002 | Cum 2002 | Cum 2001 |
|-----------------------|--------------------------|-------------|----------------|---------------|
| STD | Chlamydia | 35 | 383 | 45 |
| | Gonorrhea | 18 | 126 | 26 |
| | Herpes Type II | 4 | 22 | 2 |
| | HIV/AIDS | 0 | 4 | |
| | Trichomonas | 0 | 13 | |
| | Syphilis | 0 | 1 | 1 |
| Infectious Diseases | Campylobacter | 0 | 2 | |
| | Cholera | 0 | 0 | |
| | E.Coli 0157:H7 | 0 | 0 | |
| | Encephalitis | 0 | 0 | |
| | Giardiasis | 0 | 0 | |
| | Hepatitis A | 1 | 1 | |
| | Hepatitis B | 0 | 3 | |
| | Hepatitis C | 0 | 0 | |
| | Influenza | 0 | 0 | |
| | Measles | 0 | 0 | |
| | Meningococcal Meningitis | 0 | 0 | 1 |
| | Pneumococcal Pneumonia | 0 | 0 | |
| | TB, Active | 0 | 5 | 2 |
| | PPD Conversion | 50 | 250 | 19 |
| | Salmonellosis | 0 | 7 | 3 |
| | Shigellosis | 0 | 0 | |
| | Typhoid Fever | 0 | 0 | |
| | Varicella, adult | 0 | 1 | 2 |
| Vector-borne Diseases | Dengue Fever | 0 | 0 | |
| | Ehrlichiosis | 0 | 0 | |
| | HFRS | 0 | 0 | |
| | Japanese Encephalitis | 0 | 0 | |
| | Leptospirosis | 0 | 0 | |
| | Malaria+ | 5 ROK; 2 US | 18* ROK; 20 US | 12 ROK; 17 US |
| | Rabies | 0 | 0 | |
| | Scrub Typhus | 0 | 0 | |
| Injuries | Animal Bites | 2 | 12 | 17 |
| | Cold Injury | 0 | 3 | |
| | Heat Injury | 1 | 5 | 5 |
| | CO Poisoning | 0 | 0 | |
| | Lead poisoning | 0 | 0 | |
| | Hearing Loss | 0 | 0 | |
| Immunization | VAERS | 0 | 0 | |
| | Influenza | 0 | 0 | |

18th MEDCOM IHO REPORTABLE EVENTS WORKSHEET

PATIENT DATA

Last Name

First Name

FMP

Social Security Number

 - -

Date of Birth

Day

Month

Year

Residence - City or Location (e.g. Yongsan)

Gender:

☐ MALE☐ FEMALE

APO

Race:

☐ WHITE☐ ASIAN☐ BLACK☐ AM. INDIAN☐ HISPANIC☐ OTHER

Category*

Grade

Unit

UIC

Unit Location - (e.g. CP Casey)

Duty Phone

 -

REPORTING SOURCE

Submitting Health Care Provider: _____

Comments/Additional Information:

CHN/Clinic: _____

Phone #: _____

1. Refer to the list on the back of this form to determine if a patient's disease/condition is reportable.
2. Complete one worksheet per disease (vs. per patient in cases of multiple diagnoses) while the patient is still present.
3. Indicate if the disease/condition is suspected or confirmed and what testing has been done (i.e., culture, serology, etc.). Community Health Nursing personnel will help track the results.
4. Diseases/conditions followed by an asterisk (*) also require immediate telephone reporting to your Area Community Health Nurse to initiate disease control measures (Area I 730-6796, Area II 725-5128, Area III 753-8355, Area IV 764-4819). After duty hours, contact the Community Health Nursing Consultant through the 121st General Hospital Emergency Department.
5. Forward completed worksheets to Commander, 18th MEDCOM, Attn: EAMC-CHN, APO AP, 96205-0020 or FAX to 736-3028.

HEAT OR COLD INJURIES ONLY

Ambient temperature °C/°FWBGT Previous Heat ☐ Yes ☐ No Multi-system ☐ Yes ☐ No
or Cold injury: ☐ No involment: ☐ NoWind Speed MPH

Body Part or Organ System Affected:

Rectal temperature °C/°F

P3 Profile initiated for heat Exhaustion

☐ Yes ☐ NoMedication supplement ☐ Yes * ☐ No
use in 24^h before event? ☐ No
(If yes, list under "comments") ☐ Unknown

MALARIA CASES ONLY

Pertinent Travel: ☐ YES ☐ NO

Country #1 _____

Country #2 _____

Malaria Chemoprophylaxis: ☐ YES ☐ NO

Prophylaxis #1 _____

Prophylaxis #2 _____

18th MEDCOM IHO REPORTABLE EVENTS WORKSHEET

DISEASE DATA

Diagnosis (See Reverse for Malaria & Heat/Cold Injuries)

Onset of Symptoms

| | | | | | |
|-----|--|-------|--|------|--|
| | | | | | |
| Day | | Month | | Year | |

Confirmed:

- ☐ YES
☐ NO
☐ PENDING

Method of Confirmation:

- ☐ CLINICAL ☐ BIOPSY
☐ CULTURE ☐ SEROLOGY
☐ SLIDE ☐ OTHER

Admitted:

- ☐ YES
☐ NO

Date of Admission

| | | | | | |
|-----|--|-------|--|------|--|
| | | | | | |
| Day | | Month | | Year | |

REPORTABLE CONDITIONS LISTS

TRI-SERVICE

| | |
|-----------------------------------|---------------------------------|
| Amebiasis | Lead poisoning |
| Anthrax | Legionellosis |
| Biological warfare agent exposure | Leishmaniasis, cutaneous* |
| Botulism | Leishmaniasis, mucocutaneous* |
| Brucellosis | Leishmaniasis, unspecified* |
| Campylobacter | Leishmaniasis, visceral* |
| Carbon monoxide poisoning | Leprosy |
| Chemical agent exposure | Leptospirosis |
| Chlamydia | Listeria |
| Cholera* | Lyme disease |
| Coccidiomycosis | Malaria, falciparum |
| Cold injury, frostbite | Malaria, malariae |
| Cold injury, hypothermia | Malaria, ovale |
| Cold injury, immersion type | Malaria, unspecified |
| Cold weather injury, unspecified | Malaria, vivax |
| Cryptosporidiosis* | Measles* |
| Cyclospora | Meningococcal dis., Meningitis |
| Dengue fever* | Meningococcal dis., Septicemia |
| Diphtheria* | Mumps* |
| E. coli O154:H7* | Pertussis* |
| Ehrlichiosis | Plague* |
| Encephalitis* | Pneumococcal pneumonia |
| Filariasis | Polio myelitis* |
| Giardiasis | Q fever |
| Gonorrhea | Rabies, human |
| Haemophilus influenza, invasive | Relapsing fever |
| Hantavirus infection | Rheumatic fever, Acute |
| Heat exhaustion | Rift Valley fever |
| Heat stroke | Rocky Mountain Spotted fever |
| Hemorrhagic fever | Rubella* |
| Hepatitis A, Acute | Salmonellosis |
| Hepatitis B, Acute* | Schistosomiasis* |
| Hepatitis C, Acute | Shigellosis* |
| Influenza | Smallpox |
| | Streptococcus, Grp. A, invasive |

KOREA-SPECIFIC

Asbestosis
Chancroid
Contagious disease in day care
Granuloma inguinale
HIV/AIDS
Lymphogranuloma venereum
Meliodosis
Pelvic inflammatory disease
Rash outbreak
Rhabdomyolysis
Trichomoniasis
URI outbreak

KOREA Ministry of Health and Welfare Required

| | |
|----------------------------|--|
| African sleeping sickness* | Newly emerging syndromes* |
| Angiostrongyliasis | Acute neurological disorders |
| Babesiosis* | Acute respiratory symptom |
| Chagas disease | Acute diarrhea |
| Dengue fever | Acute hemorrhagic fever |
| Ebola fever* | Acute jaundice |
| Echinococcosis | Paratyphoid fever* |
| Gnathostomiasis | Pinta* |
| Lassa fever* | Scarlet fever |
| Marburg fever* | Vancomycin Resistant Staphylococcus Aureus |
| | Vibrio vulnificus infection |
| | Yaws* |

CATEGORY CODES

| | | | | | |
|-----|-----------------------|-----|---------------------------|-----|-----------------------|
| A11 | Army active duty | F41 | DEP Air Force active duty | N11 | Navy active duty |
| A31 | Army retired | F43 | DEP Air Force retired | N31 | Navy retired |
| A41 | DEP Army active duty | M11 | Marine active duty | N41 | DEP Navy active duty |
| A43 | DEP Army retired | M31 | Marine retired | N43 | DEP Navy retired |
| F11 | Air Force active duty | M41 | DEP Marine active duty | K59 | Civilian/DEP Civilian |
| F31 | Air Force retired | M43 | DEP Marine retired | K79 | Local National |

PRIVACY ACT INFORMATION

Authority: Section 133, Title 10, United States Code (10 USC 133)

Purpose: The purpose of this form is to compile relevant patient information concerning communicable diseases and injuries occurring among Department of Defense personnel and family members stationed or operating in Korea.

Routine Uses: Used to monitor for the emergence of specific communicable diseases or outbreaks which pose a public health threat and to prepare data for inclusion in the U.S. Army Medical Surveillance System.

Disclosure: The requested information is mandatory for compliance with U.S., Host Nation and Army disease reporting laws and regulations. Failure to provide the requested information will prevent effective public health action and contribute to higher disease and injury rates.